

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	1							51							
2		1						52							
3		2						53							
4		1						54							
5		2						55							
6		2						56							
7		2						57							
8		2						58							
9		2						59							
10		2						60							
11		2						61							
12		1						62							
13		2						63							
14	1							64							
15		1						65							
16		1						66							
17		1						67							
18	1							68							
19		1						69							
20		1						70							
21	1							71							
22	1							72							
23	1							73							
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25	1							75							
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45								95							
46								96							
47								97							
48								98							
49								99							
50								100							
TOTAL IND.	7							TOTAL IND.							
TOTAL DEP.	27							TOTAL DEP.							
TOTAL CLAIMS	34							TOTAL CLAIMS							